



ITW Corporate PPO Medical Plan # 000784 Benefit Highlights



Lifetime Comprehensive Major Medical Coverage:		Unlimited	
Plan Deductible: Per individual, per calendar year combined in/out-of-network Per family aggregate, per calendar year combined in/out-of-network		\$300 \$600	
ITW MEDICAL PLAN		PPO	NON-PPO
Out-Of-Pocket Expense Limitation:	The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year, including deductible, copays and co-insurance amounts. Non-PPO charges apply toward separate out-of-pocket limit. Precertification penalty and charges in excess of Schedule of PPO Allowance do not apply to any out-of-pocket limit.	\$2,200 Individual \$4,400 Family	\$4,800 Individual \$9,600 Family
COVERED SERVICES		PPO	NON-PPO
Outpatient Surgery:	Professional surgical services and facility charges.	80%	60%
Outpatient Diagnostic Tests:	Diagnostic tests include diagnostic x-ray, diagnostic blood tests, allergy tests, CT scans, MRIs, diagnostic mammograms, diagnostic PSA tests, diagnostic PAP smears, diagnostic colorectal exams/tests and diagnostic rectal exams/tests. Eligible Preventive Health Services will not be subject to a Coinsurance, Deductible, Copayment or Dollar Maximum for PPO and Non-PPO providers.	Office Setting: 100%+ Outpatient Hospital Setting: 100%+	80%+
Outpatient Hospital Services:	Which includes Radiation and Chemotherapy.	80%	60%
Inpatient Care: Hospital Services:	Includes professional surgical services and facility charges. Room allowance based on the hospital's most common semi-private room rate. For contagious diseases, Plan pays private room rate. Inpatient Pre-Admission Testing, Extended Care Facility, Coordinated Home Care and Hospice Care are paid on the same basis.	80%	60%
Medical/Surgical Care:	Payments based on a PPO Allowances (PPO providers have agreed to accept the PPO allowance as payment in full for covered services, excluding your deductible and any co-insurance).	After \$250 Inpatient Hospital Copay	
Emergency Room:	Emergency Medical and Emergency Accident (initial visit) \$100 copay. per visit (hospital charges). Waive \$100 Deductible if admitted inpatient.	\$100 copay then 100%+	\$100 copay then 100%+
Outpatient Psychiatric Services:	Outpatient: Pre-certification not required	\$20 copay+	60%
Inpatient Psychiatric Services:	Inpatient: Pre-certification required with BCBSIL Behavioral Health Unit	80%	60%
Substance Abuse:	Inpatient: Pre-certification required with BCBSIL Behavioral Health Unit Outpatient: Pre-certification not required	\$20 + 80%+ \$20 + 100%	60%+ 60%+ 60% 60%
Normal Newborn:	One routine Inpatient exam once baby is added to the plan.	80%	60%
Wellness Provision (Routine Care):	Including but not limited to annual physicals including routine office visit & tests, routine lab work, routine x-rays, well baby visits, pre-school exams, pre-marital exams and eye exams. Eligible Preventive Health Services will not be subject to a Coinsurance, Deductible, Copayment or Dollar Maximum.	100%+	
Physician Office Visit (OV) and Related Services:	For illness, accident care and allergy treatments.	\$20 office visit copay then 100%+	60% unless otherwise noted
Cancer Screening Tests:	Routine mammograms, routine pap smears, routine PSA tests, routine colorectal exams/tests and routine digital rectal exams/tests & Related Office Visit. Colonoscopy, routine and diagnostic (includes anesthesia)	Paid at 100%+ (office diagnostic tests @ 100%+) 100%+	100%+ 100%+
Childhood Immunizations:	Immunizations to age 16 & Related Office Visit.	100%	100%
Other Covered Services:	Blood and blood components; leg, arm, back, and neck braces; physical therapy; occupational and speech therapy; shock therapy; radiation therapy; Cobalt & Chemotherapy; Private Duty Nursing (50 annual visit maximum); ambulance transportation services; oxygen and its administration; medical & surgical dressings; supplies, casts and splints; durable medical equipment; prosthetic devices. Chiropractic services limited to 20 visits.	80%	60%
Additional Surgical Opinion:	When obtained through a Blue Care Connection (BCC) advisor.	100%+	100%+
Human Organ Transplants:	Bone marrow, cornea, heart, lung, heart/lung, heart valve, kidney, liver, pancreas pancreas/kidney, muscular-skeletal and parathyroid human organ and tissue transplants.	80%	60%
BASIC PROVISIONS			
Precertification Notification Blue Care Connection (BCC): 1-800-325-0320	Precertification notification required prior to all elective inpatient admissions. Emergency & Maternity Admission notification is required within two working days of admittance. Notification is required thru Blue Care Connection (BCC) during the first trimester of pregnancy (Special Beginnings Program). BCBSI - Behavioral Health Unit notification required for any inpatient admission & substance abuse treatment.		
Non-Compliance PENALTY:	IF EMPLOYEE ELECTS NOT TO NOTIFY BLUE CROSS BLUE SHIELD AND FOLLOW ADVICE GIVEN, HOSPITAL BENEFITS WILL BE REDUCED BY \$500+.		
Pre-existing waiting period:	Pre-existing condition waiting period no longer applies.		
Dependent Eligibility:	To Age 26. Coverage discontinues the end of the month in which birthday occurs.		
Coordination of benefits:	This program coordinates benefits with other group plans.		

+ Plan Deductible does not apply (calendar year \$300 Individual & \$600 Family Aggregate deductible).

Note: This provides only highlights of this program. Specific details on each program are contained in the Plan documents. (Group# 000784, ITW PPO.XLS, Effective on 0 1/1/2015)